

Parental Consent to Use E-mail and/or Text Messaging to Exchange Personally Identifiable Information

Parent's Name: _____

E-mail Address: _____

Text Message Number: _____

Child's Name: _____ Date of Birth: _____

By signing this request, you have chosen to communicate personally identifiable information concerning your child's treatment by e-mail and/or text messaging without the use of encryption. Sending personally identifiable information by e-mail/text messaging has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

E-mail Communication:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Text Message Communication

- Text messages can be forwarded and stored in electronic format without prior knowledge of the parent, and text messages can remain on a phone that is lost, stolen, or later donated.
- Text senders can incorrectly enter a text message number and personally identifiable information can be sent to incorrect recipients by mistake.

Parental Acknowledgement and Agreement for Use of Email and Text Communication

I acknowledge that I have read and understand the items above which describe the inherent risk of using e-mail and texting to communicate personally identifiable information. Nevertheless, I authorize the RHSC service providers listed below to communicate with me at my e-mail address and cell phone number (listed above) concerning my child (listed above), including but not limited to communication regarding service delivery, progress in therapy, and any other related matters to services my child is receiving. I understand that use of texting and e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

RHSC Staff Name: _____ E-mail: _____

Text Number: _____

RHSC Staff Name: _____ E-mail: _____

Text Number: _____

RHSC Staff Name: _____ E-mail: _____

Text Number: _____

Parent Signature: _____ Date: _____